

## Commonwealth of Massachusetts Department of Public Health, Bureau of Health Professions Licensure, Drug Control Program

239 Causeway Street, Suite 500, Boston, MA 02114 Telephone 617-973-0949 Fax 617-753-8233

## Application for Massachusetts Controlled Substances Registration for Analytical Laboratories

## Please be sure to:

- Submit completed application.
- Enclose check or money order for \$300 made payable to "Commonwealth of Massachusetts".

<ul> <li>Have form signed (not initialed) and dated.</li> <li>Mail to the address above.</li> <li>Incomplete applications will be returned and will cause a delay in issuance of the MCSR. For further information, visit: <a href="http://www.mass.gov/dph/dcp">http://www.mass.gov/dph/dcp</a></li> </ul>
Application Type: (Please select one) □ New □ Renewal □ Amended Information (No fee)
In the boxes below enter the requested information.
1) Applicant: (Facility Name)
2) Applicant Business Address: (Applications that include a P.O. Box number without a street address cannot be processed.)
Street:
City: State: ZIP:
3) Applicant Mailing Address (If different):
Street:
City: ZIP:
4) Business Telephone No.: ( ) area code
5) Federal Tax ID No.: (Required by M.G.L. c. 30A, s. 13A)
6) DEA Controlled Substance Registration No. (If possessed):
7) Drug Schedules requested:
Select all that apply:   I I III IV VI  Select all that apply:   I I III IV IV IV  III IV IV IV  III IV IV IV  III IV IV IV  IV IV IV IV  IV IV IV IV IV IV IV IV IV IV IV IV IV I
Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized.  8) Has the applicant ever been convicted of any violation of State or Federal law relating to the manufacture, possession,
distribution or dispensing of controlled substances?
9) Has any professional license or registration held by the applicant under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending?   Yes *  No
* A Yes response to Question No. 8) or No. 9), requires a letter of eaplanation to be attached to the application.
I hereby certify that the information on this application is true to the best of my knowledge, and that the applicant will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, section 49A, that the applicant has to the best of my knowledge and belief complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.  Signed under the pains and penalties of perjury.
Signature of authorized individual Date
Print Name:
Title: